

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43657

JAN 25 1941 744
Registration District No. 744

Primary Registration District No. 5926B

Registrar's No. 122

1. PLACE OF DEATH: Ray
(a) County Richmond Mo.
(b) City or town Richmond Mo.
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. None
(Specify whether)
In this community None all life
years, months or days 2

3. (a) PRINT FULL NAME Lulu L. Williams
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Arthur Williams
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 30 th. 1878.
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days
If less than one day
.....hr.min.

9. Birthplace Ray Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

12. Name Wm. Sanderson

13. Birthplace Ray Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Julia Pettus

15. Birthplace Ray Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Williams

(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof Jan. 3 rd. 1940.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director J. B. Brothers

(b) Address Richmond Mo.

19. (a) Dec 31-40 (b) malick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ray
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. 183
(If rural, give location)
(e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30
year 1940 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from Nov 29, 1940 to Dec 30, 1940;

that I last saw him alive on , 19 ;

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions 94-12
(include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (e) Means of injury

23. Signature L. D. Brown (M. D. or other) M. D.

Address Richmond Mo. Date signed Dec 30 40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-9-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

J.B. Brothers

, Registered Apprentice No.

working under my personal supervision.

Brothers Funeral Home

Signed

J.B. Brothers

Licensed Embalmer No. 2001

P. O. Address **Richmond Mo.**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.